Total Control of the		Department of	f Publ	lic Heal	lth ar	nd Social	Services		-	
Division of Environmental Health										
		Food Estab	lishr	ment	Ins	pection	Report	Page _	10	of)
	TYPE GRADE	SPECTION DAT	E	FSTAI	BLISH	MENT NAME				
Regular	\checkmark 1 \checkmark	2,15,2	022	- AP	PIE	ZEES	GUAM			
Follow-up	1 LD	TIME IN TIME	E OUT	PERM	IT HO	LDER	<u> </u>	La Testa de		
Complaint	RATING	1:00 PM 4:	35 PM	1 As	410	DACITI	· LLC			
Investigation	コス	SANITARY PERMIT	NO.	LOCA	TION	Address)	1 2145 ROM-5	1210	C13	
Other:		210000 763		SAN	AN	4DNID	UNIT A TAMUN	77341	Ch	PHAN
ESTABLIS	HMENT TYPE	AREA , TELE	PHONE	No. of	Dick E	actor/Interve	UNIT A TAMUNI	NO		
RESTAINE	ANT	1 1640	-233		Pana	t Disk Factor	nuon violations	12 RIS	K CAI	EGORY
		FILL NESS DISK	ACT	ODC 4	Repea	RISK FACTOR	/Intervention Violations	10 1 2	,	
	Circle design	nated compliance (IN OUT N/C	N/A) for	UKS A	MD	PUBLIC	HEALTH INTERVE	NTIONS		
IN = In complianc	e OUT = Not in comp	liance N/O = Not observed N/A	= Not an	policable (Dered II	em. Mark "X"	in appropriate box for COS and/o e during inspection R = Repeat v	rR.		
Compliance Sta			COS	R PTS	Con	pliance Stat	e during inspection R = Repeat v		Commence of the Commence of th	erit points
15	Su	pervision		- 1 m			Potentially Hazardous Food		CUS	R PTS
1 (IN) OUT	knowledge and	ge present, demonstrates d performs duties		6	16	IN OUT NA	N/O Proper cooking time and temp	peratures		T 6
	Empl	oyee Health			_ 17	IN OUT N/A	Proper reheating procedures to	for hot holding		6
2 IN OUT	Management a	wareness; policy present		16	18	IN OUT N/A	N/O Proper cooling time and temp	eratures		6
3 (IN) OUT	Proper use of r	eporting, restriction & exclusion		6	20	IN OUT N/A	N/O Proper hot holding temperatur	res		6
— —	Good Hy	glenic Practices		17000			Proper cold holding temperate N/O Proper date marking and disp	ıres .	\times	6
4 (IN) OUT N/A	N/O Proper eating, tobacco use	tasting, drinking, betelnut, or		6	100	Pol IIII	The second secon			6
5 IN OUT N/A		rom eyes, nose, and mouth					Consumer Adviso	ry		
	Preventing Co	ntamination by Hands	$oldsymbol{L}$	6			Consumer Advisory provided			Ta
6 UN OUT NIA	N/O Hands clean a	nd properly washed	$\overline{\Gamma}$	16	22	IN OUT N/A	undercooked foods	for raw or	1 1	6
7 UN OUT NA	No bare hand	contact with ready-to-eat foods or	-				A PARTIE OF THE	1		
8 IN OUT	Adequate hand	nate method properly followed		6	00		Highly Susceptible Pop Pasteurized foods used; prohi	ulations		11.
8 IN OUT	accessible	dwashing facilities supplied &		6	23	IN OUT WA	offered	bited loods not		6
		oved Source		<u> </u>	Today.	26	Chemical	17 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
9 IN OUT	Food obtained	from approved source		6	24	IN OUT WA	Food additives: approved and	proporty used		
10 IN OUT N/A	W/O Food received	at proper temperature	\vdash	6	-	-				6
	Food in good o	condition, safe, and unadulterated		6	25	IN OUT	Toxic substances properly ide used	ntified, stored,		6
12 IN OUT N/A	N/O Required recoi	rds available: shellstock tags,		6	900	·	onformance with Approved	Descri	\triangle	
	Protection	from Contamination			26	IN OUT WA	Compliance with variance spe	ecialized		
13 IN OUT NA	Food separate	d and protected	ГТ	16		$\overline{}$	process, and HACCP plan			6
14 IN OUT NA	Food contact s	surfaces: cleaned & sanitized		6		Risk factors	are improper practices or proced	ures identified a	o the m	
15 (IN)OUT	served recond	tion of returned, previously ditioned, and unsafe food		6	prevalent contributing factors of foodborne illness or injury. Public Health interventions are control measures to prevent foodborne illness or injury.					
		CO	OD BI	ETAIL	DD		meddales to prevent	roodborne illness	s or inju	iry.
	Good Retail Pr	actices are preventative measure	s to contr	CI AIL	PR/	ACTICES	hemicals, and physical objects into		1000	The state of the s
Mark "X" in to Compliance Sta	ox: If numbered item	is not in compliance and/or if COS	and/or F	COS:	=Correc	or parnogens, o	hemicals, and physical objects into	o foods.		Strong S
Compliance Sta	lus	ood and Water	cos	R PTS		pliance Stat		on PTS =Der	merit po	oints
27 Paste	urized eggs used whe	re required			4-1		Proper Use of the		cos	R PTS
	and Ice from approve		++	$\frac{1}{1}$	40	In-use u	tensils: properly stored	- V - V	VI	
				2	41	Utensils handled	, equipment and linens: property a	tored, dried.	X	1
29 Variar		alized processing methods		1	42					1
Prope	r cooling methods use	nperature Control ed; adequate equipment for	35, 55		43	Gloves	se/single-service articles: properly used properly	stored, used		1
	rature control	-, equipment for		1			Utensils Equipment	Vandin		1
31 Plant	food properly cooked t	for hot holding	\vdash	1	44	Y Food an		able, properly		10.
	ved thawing methods	used		1	45					(1)
	ometer provided and	accurate	-		-		ishing facilities: installed, maintain	ed, used; test		
30	Food	Identification	1000	1	46	Nonfood	i-contact surfaces clean	-	\vdash	1
34 Food	properly labeled; origin		П	1	47		Physical Eacilitie	S		10
Prevention of Food Contamination			615 193 - 449	learn and the	i lot & cold water available, adequate			12		
35 Insects, rodents, and animals not present Contamination prevented during food peparation, storage &				(2)	49	. idilibil	g installed; proper backflow device and wastewater properly dispose			2
36 Contamination prevented during tool population, storage a			\mathbb{Z}	11	50	Toilet fo	cilities: properly dispose	d		2
Porsonal cleanliness				1	51	10.00	cilities: properly constructed, supp	lied, & cleaned		2
Wining cloths; properly used and stored			X	_ 1	52	L Garbage	e/refuse properly disposed for the		\vdash	
so the and vegetables			1	53				$\vdash \vdash$	2	
and and limited above violation is and limited above violation and limited and limited and limited above violation					0					
om aware of the corrective measures taken,										
Person in Charge (Print and Sign)	READN MCKINNI		Buil	01		Date:	and posted		2
		CHIMIZU EPHO	TX	TX.	M	Mu	4/5/22	1		
DEH Inspector (Circle - Circle										
Rev: 08.2	Rev: 08.27.15 White: DPH S/DEI Yellow: Food Establishment Follow-up (Circle one): YES NO Follow-up Tolk (Circle one): YES NO Follow-up									
98				(- miletit			-	

		Health and Social Services			
Division of Environmental Health					
ESTABLISHMENT NAME	stablishn		Page of		
MPP WEDGES GUAM	ľ	OCATION (Address) SET PAGE 1			
INSPECTION DATE SANITARY PERMIT 2100016	. Jo.	PERMIT HOLDER SET PAGE 1			
OF MATERIAL PROPERTY AND ADDRESS OF THE PROPERTY OF THE PROPER	MPERATUR	RE OBSERVATIONS			
Item/Location	Temperature (10.000 (1.100) (1.100) (1.100) (1.100) (1.100) (1.100) (1.100) (1.100) (1.100) (1.100) (1.100) (1.100) (1.100)	Temperature (° F)		
CUT LETTUCE/PREP CHUEK	56-0	RAN BEEF CITTAK/UNDER-GRILL	37.0		
PAN EGG/ PREP CHILLER	6.0	HAW GROUND REED CHIVER MANER			
PAN SHRIMP/DEP CHILDR	79.0	PAW GROUND BEEF/ 11	42		
COSUED POT RIPORT / PROP (4) 1148	57.8	PAW PORK / WALK'-IN CHUER	34.8 37.0		
PAW STPIMP /UNDCREASILY CHILLER	43	CIM GUEN VERYEN/SPIAD PARZ	2/0		
MUSSELS / HATTER APUL CHILLETZ)	1/12	Cut Candinaling / Stimo Bak	70-9		
, in	AWER	CUT LEMUCE /SALMO BORR	63.1		
PAW GITT CHEN MINDER GRILL CHILLER	36.1	Cell Still Tall Tall	-U		
DRANER					
OBSERV	ATIONS AN	D CORRECTIVE ACTIONS	CORRECT BY DATE		
Violations cited in this report must be corre	ected within the	he time frames indicated, or as stated in Secti	ons 8-405.11 an		
	8-406.11 of the	e Guam Food Code.			
A REGULAR INSPECTION W	AS CONDUC	AED TODAY IN PESPONSE TO COMPUA	INT		
NO. 22-012 RESPREDING	CNATS	IN THE RESPAURANT AREA. GNAM			
WERE OBSERVED AT THE					
WASHING ROOM.		1 / D. 4 MON, MAD THE WHILE	' 		
VVI)FIII(do - VVII			_		
PREVIOUS INSPECTION O	N 8/311	2020 RESULTED IN O/A.			
1 PEYLOND MISPERSON O	11 8/01/	Zozo RESULTED IN O/A.			
110 - 1	15	20/10-10			
THE FOLLOWING VIOLAND	N WERE	ORSERVED:			
8 HANDWASHNG SINK IN	BAR ARE	A NIT SUPLLIED WITH HOT WATER	2h+h		
HANDWACHING SINK ATE	MTRANCE T	O FICHEN HAD WIPING CLOTH STOR	200		
	IN PESIPO				
		Olionia de la companya della company	•		
ALCO A CANAL AND A CANAL AND COLOR OF THE COLOR					
PAPER TOWER, AND AT	RASH RECE	THACK AND SHAU DNY BE UST	D		
7 G CITIES THE	OFBEX T	17 17 17 17 17 17	NE,		
AND TO PREVENT (POS	1-WATTAMI	MAT) NOTA -			
MULTIPLE PRITATION HAZI	readns foot	X (PHD) AND TEME-TEMPERAMPE O	UMPHED COS		
20 MIN (TC) FOODS	HELD ABO	VE 41° F IN THE PREP CHILLER	2		
FOR STATE STURD B	AR.	10 11 7 110 1110 1100 0111000	•		
1 (M) FI					
the items listed above identify v	violations which sha	ill be corrected by the date specified by the Department. Failure to	COMPLY may result in		
Based on the inspection today, the Sanitary Permit or downgrade the immediate suspension of the period of time established submitted to the Director within the period of time established submitted to the Director within the period of time established.	e. If seeking to appe in the notice for cor	all be corrected by the date specified by the Department. Failure to pal the result of any notice or inspection findings, a written requestrections.	t for hearing must be		
the immediate suspensus within the submitted to the Director within the Director withi	1 - h	Ok - Date:	211612-		
BIPLAN CILIANCIA SONO T					
DEH Inspector (Print and Sign)) ×	Date:	2/15/22		
Rev: 08.27.15	nite: DPHSS/DEH	Yellow: Food Establishment	/		

		lic Health and Social Services Environmental Health	- m
ESTABLISH		ment Inspection Report Page	3 of 5
LAYNE	FEC CUAN	LOCATION (Address)	
INSF		SE PAGE]	
	SANITARY BERMIT NO.	PERMIT HOLDER SEE PAGE 1	
ITEM NO.	OBSERVATIONS A	ND CORRECTIVE ACTIONS	CORRECT BY DATE
Violation	s cited in this report must be corrected within	the time frames indicated, or as stated in Sections 8-	405.11 and
20	8-406.11 of t	the Guam Food Code.	
	AU PIR/tCS FOOD SHAW DE S	TORED AT OR BELLW 41°F TO	COS
(CONT)	TREVENT THE GENTH OF PAPHOGENS	THAT MAY CAUSE POOBJENG ILLINE J.	
	CUS: OUT OF TEMPERATURE 17	EMS AT THE SAUP BAP AND THE	
	ONE AREA CHUER WARE	DISUPATO.	-
0.0	4 1/2 1/2		h h h
22	CONSUMER ADVISORY FOR LINDER!	DOFAP FOOD MENU ITEMS NO!	2/15/21
	PROVIDED IN THE MENU.		
	MENU 17EMS 24A7 CAN BE OPE	EDED UNDERWIPED MILT HAVE	
	A CONSUMER ADVISORY WHICH INC	LUPES A DISCUSSUPE AND PENINDER	-
	THAT CONCUMING VIMPEPLUDGED AN	NIMAN PRODUCT MAY CAUSE FOODBORDE	-
	ILLNESS.		
2-	DAID TO DECIDINA INT GIVE TO	NIA/A IN The rest AND word Cares and	100
25		CUND IN THE STATE AND UNDER SALAD BAR.	- W
	THE PREMISES, IN ORDER TO PREVENT C	RUAN USE IN KATULENS SHALL BE ON	-
			-
	CUS: REMINED PROM DRE	1 AII 862 ·	-
50	PARTY CHILLER NOT MAINTAINING APP	PRIME (DO ON OUR TEMPS PARALES	2/0/2
30	AU EDHIPMENT TS COUNG EQUIP	PMENT CHAM BE MEDILAGE AND	0/1/12
	BE FIBLE TO MAINTAIN APPROPRIATE	TEMPOSPANULS.	
	be time to the time the	January Market	
35	CNATS PRESENT IN THE FAULTY. 1	FRONT DOOK SEALS ARE INAMEDILATE.	3/17/22
95	CLIUNG THE IN OPPILE COMED BY	13 NEEDS REPAIR. CAULKING FOR	3111102
	THITER OPENING SHALL BE SEALED	TO PREVENT PEST ACCUS ENTRY OF PLOT	नर
	WADENACH SINKS AND HANDMASH S	INF IN CARHEN IS WORN.	7.3
$\overline{}$	OWNER OPENINGS STATUBE SEALED	AND EQUIPMENT MAINTAINED SO AC NOT	
$\overline{}$	TO ALLOW PESTENTRY OR PEST	HARROPAGE.	
$\overline{}$			
Based on the in	spection today, the items listed above identify violations which sh suspension of the Sanitary Permit or downgrade. If seeking to app	nall be corrected by the date specified by the Department. Failure to compty beal the result of any notice or inspection findings, a written request for hear prrections.	may result in
	e Director within the period of time established in the notice for co	Date: 01-51	J
DVF	(Internal Class)	7/15/	22
		Date: 2/15/	2022
Rev:	08.27.15 White: DPHSS/DEH	Yellow: Food Establishment	

Department of Public Health and Social Services Division of Environmental Health					
Food Establishment Inspection Report Page 4 of 5					
APP LEDGES CLAMA LOCATION (Address)					
2 IS SANITARY PERMIT NO. PERMIT HOLDER					
ITEM NO. 2(0000 363 SEE PALE I	CORRECT				
OBSERVATIONS AND CORRECTIVE ACTIONS					
Violations cited in this report must be corrected within the time frames indicated, or as stated in Sections 8-40 8-406.11 of the Guam Food Code.	5.11 and				
36 FOOD TREMS IN WALK-IN AND PROST OF STREET DIRECTLY ON THE FILMS.	cu S				
- ITUV TOU MAIL BY GIVEN G'INCHET MOTHE ADWIND TO					
PROMOTE GENERAL CHAMIN'S AND PREVENT COMPAMINATION. CUS: ELEVATED					
70 N-UCE	A.C				
5 MILLED CODAIS 1401 & TORED IN 241/4 1 - 21000 SOCIOTOR DUCCHET.	cas				
FUL WIPING CLOTHS SHAW BE STORED IN A PAUCHET OF SANITIZING SOUTHON TO PROPERT CLOS CONTAMINATION.					
CUS: WIPING CHOTHS WERE PLACED IN SANITIZING SOUTHON PAICHET.	-				
and the sold Melas Larged III stime like Domitoly interest.					
HO ICE SLOOP AND ICE MIXER WERE IMPROPERLY STORED DIFFERLY ON EXTENSE	2005				
ALL IN USE UPENSILS CHALL BE STORED TO PREVENT CONTAMINATION OF GERM	E.				
OF THE FOOD CONTACT SURPACE OF THE UTSIKEL.	,				
W: ICE SLOOP AND LE MIXER WERE PENDVED AND WASHED AND	ži.				
SAMMED, AND APPROPRIATE STOKAGE PROMOTO.					
44 CHITING BOARDS WITH DISCOVORATION AND DEEP CHE CHY MARKS. V. MD	3/17/22				
AU FOOD AND NON-FOOD CONTACT SULFACES SHALL BE CLEANINGLE, PROPERLY	311102				
CONSTRUCTED TO PROMUTE THOROUGH CHANING AND PREVENT CROSS-					
CONTRIMINATION.					
46 EXTERIOR OF CE MACHINE AND HAN SLIDING DOOR NOT OF ICE MACHINE NUT	3/17/200				
MATINTAINED CLEAN. NON FOOD CONTACT SURFACES A SHALL BE MAINTAINED CLEAN IN OKOGR TO					
PREVENT CROSS CONTAMINATION.	5 5				
The continue of the continue o					
52 SOME STAINS ON WALLS OF KITCHEN, DEBRIS DESERVED UNDER MANNAL	17/202				
WARRENASHING SINK, AND IN CORNERS OF BAR AREA, DUST AND DEBRIS	11/100/2				
IN UTILTH ROOM FLOORS.					
PHYSICAL PAYLINES SHAU BE MAINTAINED, SLEAN FOR OVERALL SIMPLY	₩				
AND 7HOFU GHU CUEFIND 10 IFOM OF OVERALL SHITM NOV.					
lased on the inspection today, the items listed above identify violations which shall be corrected by the date specified by the Department. Failure to comply may result in the immediate suspension of the Sanitary Permit or downgrade. If seeking to appeal the result of any notice or inspection findings, a written request for hearing must be submitted to the Director within the period of time established in the notice for corrections.					
Person in Charge (Print and Sign) CKINNON Date:					
Date: Still Date:	2				
	ا (م <i>ا</i>				

		Division	of Environmental Health	ert Boso	<u>5</u> of <u>5</u>
ESTABLISH	MENT NAME		Shment Inspection Report LOCATION (Address)	rt Page	<u></u>
	ERETS GUAN	SANITARY REPAIT NO			
2	15,202	SANITARY PERMIT NO.	PERMIT HOLDER		CORREC
ITEM NO.			AND CORRECTIVE ACTION	and the same the Line and the Control of the State of the	BY DATE
Violation	s cited in this repo	ort must be corrected wit	hin the time frames indicated, or a	s stated in Sections 8-	405.11 and
		8-406.11	of the Guam Food Code.		
	PHOTOS WERE	TAKEN.			
	"A" PLACAPO		EMOVED.		
	ISSUEP AND	POSTED & PLACARI	0 No. 01403,		1
	RE-INSPECTION	y request provin	ED.		
	Dicus and	ann wall and	0.01 10/01/1000		
	NIZOT SEA !	eergy with reo-	SON IN-CHAPLE.		+
	10				
	 			T	
				n i Mag	
ara Calaba		The second second			
4				- 1500 - 1700 -	-
	0.31		The state of the s	a harman	
196					
1		The section of the se			
4 10	9				
	_1				
9	1 - 4 1				
	1				
		4.	"· v., "		
				74	
Based on the	inspection today, the items	listed above identify violations which	h shall be corrected by the date specified by the D	epartment. Failure to comply m	ay result in
	auenoneion of the Sanitary	Permit or downgrade. If seeking to d of time established in the notice fo	appear the result of any notice of mapection info	ngs, a written request for nearin	g must be
Person in Cha BLE	rge (Print and Sign)	. /1	Myun	Date: 1/5/2/2	2
DEH Inspector	(Print and Sign) - H	MEN SHOT!	*	Date: 2/15/	2022
Rev	: 08.27.15	White: DPHSS/DI	EH Yellow: Food Establishment	,	E